

Lead Replacement Form

Must be Faxed to 937-352-0640

This form must be received by us within 72 hours of the time the lead was sent to you. This form must be completed in its entirety. One form per lead request. Leads will not be replaced without this form being sent in. You must select the reason lead should be credited, confirm you already listened to the recording yourself, and enter all information.

Reason Lead Should Be Replaced Select one (must be one of these)

- **Out of Age range**
- **Out of requested area**
- **More than one rebuttal used by telemarketer**
- **3rd party lead** (requesting coverage / info for someone else)
- **Duplicate lead in past 60 days** (both leads must have come from us, leads from other vendors do not qualify as duplicates)

Lead Information Name: _____

Date of Lead _____ **Lead Phone Number** _____

Lead Address _____ **City** _____

State _____ **Zip** _____ **Telemarketer Name** _____

If duplicate Date of first lead _____

Check Here to confirm you listened to the lead recording

Signature _____

Agent Name _____ **Phone** _____

Agent Email Address _____